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JAN 17 2005

CPS:clk:332127

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:)
) Before the Examiner
Edward P. Perez)
) Charles Alan Marmor II
Application No. 10/764,261)
) Group Art Unit 3736
Filed January 23, 2004)
) February 17, 2005
METHODS AND APPARATUS FOR)
EXPRESSING BODY FLUID FROM)
AN INCISION)

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Introductory Comments

In response to the Office Action dated November 17, 2004, please enter the following amendments and remarks in the above-mentioned patent application. The Commissioner is authorized to charge any extensions of time as well as any additional fees or credit any overcharges to Deposit Account No. 23-3030, but not to include any payment of issue fees.

02/18/2005 BBONNER 00000006 10764261

Response to First Office Action
Serial No. 10/764,261
Group Art Unit 3736
Attorney Docket No. 7404-612
Page 1 of 11
02 FC:1202

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February 17, 2005
(Date of Deposit)

Charles P. Schmal

Name

Signature

JAN 17 2005

Doc. No. 832295 WEMHH/SB/21 (6/04)

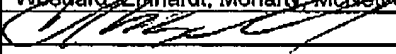
Approved for use through 07/31/2006. OMB 0651-0031

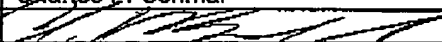
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/764,261	
	Filing Date	January 23, 2004	
	First Named Inventor	Edward P. Perez	
	Art Unit	3736	
	Examiner Name	Charles Alan Marmor II	
Total Number of Pages in This Submission	14	Attorney Docket Number	7404-612

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (PTO Credit Card Payment Form) <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Charles P. Schmal, Reg. No. 45,082 Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	
Date	February 17, 2005

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Charles P. Schmal
Signature	
Date	February 17, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**FEE TRANSMITTAL
FOR FY 2005**

Effective 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act (H.R. 4818).

☐ Applicant claims small entity status. See 37 CFR 1.27Total Amount of Payment (\$)**400.00****Complete if Known**

Application Number	10764,261
Filing Date	January 23, 2004
First Named Inventor	Edward P. Perez
Group Art Unit	3736
Examiner Name	Charles Alan Marmor II
Attorney Docket Number	7404-612

METHOD OF PAYMENT (check all that apply)
☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None ☐ Other (please identify):

☒ Deposit Account: Deposit Account Number **23-3030** Deposit Account Name **Woodard, Emhardt, Moriarty, McNett & Henry LLP**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.
FEE CALCULATION:**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	380	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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24 -20 or HP =	4	x	50.00	=	200.00	Fee (\$)	Fee Paid (\$)
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(HP = highest number of total claims paid for, if greater than 20)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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4 -3 or HP =	1	x	200.00	=	200.00
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(HP = highest number of independent claims paid for, if greater than 3)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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_____	=	_____ / 50	=	_____ (round up to a whole number) x	_____ =	_____
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4. OTHER FEE(\$)

Non-English Specification. \$130 fee (no small entity discount)

Fee Paid (\$)

Other: _____

SUBMITTED BY:

Name (Print/Type):	Charles P. Schmal	Registration No.:	45,082	Telephone:	(317)634-3456
Signature:		(Attorney/Agent)		Date:	February 17, 2005

CERTIFICATE OF MAILING OR TRANSMISSION

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Name (Print/Type)	Charles P. Schmal, Reg. No. 45,082
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Signature		Date	February 17, 2005
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